



State of Maine
 (An Equal Opportunity Employer, M/F/H)
Employment Application
(revised October 2005)

Bureau of Human Resources
 #4 State House Station
 Augusta, Maine 04333-0004

Tel: (207) 624-7761
 TTY: 1-888-557-6690

Last Name _____		First _____	M.I. _____	Social Security Number _____
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Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name?

YES NO If so, what is that name?

Name #1 _____ Name #2 _____

Name #3 _____ Name #4 _____

Street Address _____	Town _____	State _____	Zip Code _____
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Home Phone # _____	Work Phone # _____	Email Address _____
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Title of the Job You're Applying For _____	Job Class Code _____
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Veterans Preference: See pamphlet "Veterans Preference in Maine State Service" or go to www.maine.gov/statejobs/vetpref.htm for more information. Provide DD 214 and disability forms if applicable.

Not Claimed
 5 Points (Requires DD214)
 10 Points (Requires DD214 and VA Statement of disability)

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States?

Yes No

Are you at least 18 years of age? Yes No

Are you a present or former Maine state employee? Yes No

Department: _____ Job Title: _____ Begin Date: _____ End Date: _____

Are you willing to work: Saturdays Sundays Holidays

Do you have a current Maine Driver's License? Yes No

If yes, what type? Class A Class B Class C

Are you willing to travel on the job? Yes No

If yes, are you willing to use your own vehicle? Yes No

Are you willing to work overtime? Yes No What shifts are you willing to work? 1st 2nd 3rd

ADMINISTRATIVE SKILLS (subject to formal testing and work sampling) WORDS PER MINUTE

Typewriter _____ Keyboarding _____

FOREIGN LANGUAGE SKILLS

Language _____ Speak Read Write

Language _____ Speak Read Write

Geographic Preference

Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

F = Full Time P = Part Time T = Temporary S=Seasonal

		F	P	T	S		F	P	T	S		F	P	T	S		
0	All Counties					21	Hancock					42	Piscataquis				
1	Androscoggin					22	Bar Harbor					43	Dover-Foxcroft				
2	Lewiston					23	Bucksport					44	Greenville				
3	Livermore					24	Ellsworth					45	Sagadahoc				
4	Aroostook					25	Kennebec					46	Bath				
5	Ashland					26	Augusta					48	Somerset				
6	Caribou					27	Augusta-AMHI					49	Skowhegan				
7	Fort Kent					28	Waterville					50	Waldo				
8	Houlton					29	Knox					51	Belfast				
9	Madawaska					30	Rockland					52	Washington				
10	Presque Isle					31	Thomaston					53	Bucks Harbor DCF				
11	Van Buren					32	Lincoln					54	Calais				
12	Cumberland					33	Boothbay					55	Eastport				
13	Portland					34	Oxford					56	Machias				
14	Brunswick					35	Norway					57	York				
16	South Portland					36	Rumford					58	Biddeford				
17	Windham-MCC					37	Penobscot					59	Kittery				
18	Franklin					38	Bangor					60	Saco				
19	Farmington					39	Bangor - BMHI					61	Sanford				
20	Rangeley					40	Charleston										
						41	Millinocket										

Education and Training

Circle Last Yr. Completed	Name and Location	Semester Hours	Quarter Hours	Major	Minor	Year Of Degree	Type Degree
High School 1 2 3 4							
College or University 1 2 3 4							
Grad School 1 2 3 4							
Prof School 1 2 3 4							
Other 1 2 3 4							

Special Licenses

Name of License, Registration or Certification	License Number	State of Issue	Expiration Date

Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

Employer #1	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____
Reason for leaving:	
Employer #2	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____
Employer #3	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____
Employer #4	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____

Employer #5	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____
Employer #6	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____
Employer #7	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____
Employer #8	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____
Employer #9	From (MO. & YR.) To: _____
Complete Address	Last Weekly Pay \$ _____
Your Title	Hours/Week _____
Duties	Supervisor's Name & Title _____
	Number & Titles of Employees You Supervised _____

The State of Maine conducts background checks.

Have you ever been convicted of any violation of law by any court of law?

Yes No

INCLUDE: Any military court martial and any guilty pleas.

DO NOT INCLUDE any conviction(s) occurring before your 18th birthday, or traffic violation(s), unless the conviction was for operating a vehicle under the influence (OUI) or resulted in your driver license being suspended.

If yes, please list: Offense(s)

Date of Conviction(s)

_____	_____
_____	_____
_____	_____
_____	_____

Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the Department of Administrative and Financial Services, Bureau of Human Resources and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the State of Maine to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Bureau of Human Resources or its assignee to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature _____ Date _____

Human Resource Only						Date Stamp
Review	Initials	Date	<input type="checkbox"/> Closing Date		Date Sent:	
1			<input type="checkbox"/> Supplemental Questions		Date Due:	
2			<input type="checkbox"/> Qualified		<input type="checkbox"/> Not Qualified	
3			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Conditionally Qualified		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reason	
Exam Components	%	Date	Results	Record	Comments	Entry control Label
MERS						
T & E						
Written						
PAT						
Oral					Convert Score From	
Service Rating						
1 Performance						
2 Performance						
AGENCY PERSONNEL USE ONLY						
Minimum Qualifications			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date	Rater's Name	
Testing Record				Results		
Hired in Classification Title		Agency		Effective Date		Position Number

APPLICANT INFORMATION SURVEY

INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, but your cooperation is encouraged. The information on this form is **CONFIDENTIAL**. The page will be removed from your application prior to review and destroyed after data compilation.

RACIAL/ETHNIC DEFINITIONS

- 0. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 1. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
- 2. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 3. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- 4. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- 6. OTHER

1. I have read the paragraph above and do not wish to provide the information.

----- 2. Enter your date of birth (month) (day) (year)

3. Enter your racial/ethnic group code number (refer to definitions at left)

4. What is your sex? A. Female B. Male

DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:

(The requirements are different from State Veterans Preference)
VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.
DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)

5. Vietnam Era Veteran

6. Disabled Veteran

DEFINITION FOR DISABILITY

Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.

PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)

7. Have a disability as defined

8. Interview accommodations may be necessary due to a disability

Filling of Vacancies

CAREER OPPORTUNITY BULLETINS are published by the Bureau of Human Resources to show typical duties, job requirements, geographic location, salary and availability. Bulletins are available at Maine CareerCenters and on the Internet at <http://www.maine.gov/statejobs>. Read the bulletin pertaining to each classification before making application, as supplemental information may be required.

SEPARATE APPLICATIONS: A complete application must be submitted for each separate classification title/code.

SUPPLEMENTAL OR ADDITIONAL INFORMATION: Answer questions or supply additional information to meet requirements as stated within the bulletin.

CLOSED CLASSIFICATIONS: Application material received for closed classes or after the closing date will be returned.

ENVELOPES: One self-addressed, stamped envelope (legal-size, #10) must be submitted with each application. *(Some job classifications require more than one envelope; if so, the Career Opportunity Bulletin will clearly indicate this.)* **STATE EMPLOYEES** may use the State Inter-Office Mail System. Envelopes will be sealed to ensure confidentiality.

VOLUNTEER WORK: Volunteer work is accepted towards meeting minimum entrance requirements and establishing a score through numerical evaluation of training and experience (T & E). Be sure to provide length and hours per week of assignments.

RESUMES: The information submitted on this application will be the basis for evaluating an applicant's training and experience. A resume may be used to supplement this information but not to replace any of the required information.

COPIES OF THE APPLICATION: Please retain a copy of your application before it is submitted to the Bureau of Human Resources.

PROOF: With this application, furnish required proof of military service, education, training, registration, certification or licensing. Legible duplicates of licenses, registrations, certifications, diplomas, transcripts and related documents are accepted.

VERIFICATION OF WORK EXPERIENCE, EDUCATION AND TRAINING: Reference checks will be completed by the hiring agency before selection. The agency may also verify registrations, certifications, licensing, education or training.

HIRING INTERVIEWS: Interviews are conducted by the agency. Please bring a resume and list of references to the interview.

REGISTER: An eligible register contains the names of all persons who have successfully completed all portions of the examination for the particular classification.

UNCLASSIFIED EMPLOYEES: Unclassified employees are treated as non-state employees for selection purposes in the classified service.

PROBATION PERIOD: All employees must complete at least a six-month probation period. This is part of the selection process.